



Derbyshire County Council.



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1942,

BY

W. M. ASH,

O.B.E., M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),

COUNTY MEDICAL OFFICER OF HEALTH.



DERBY:

J. W. SIMPSON AND SONS, LTD., PRINTERS, FRIAR GATE.



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*To the Chairman and Members of the
Derbyshire County Council.*

LADIES AND GENTLEMEN,

I have the honour to present to you the Fifty-third Annual Report of the health of the County. As is customary in war-time, this Report has been curtailed, and, for the purposes of national security, figures from which the population in any particular area might be calculated have been omitted ; so also have details of any developments to water supplies, etc.

There are a few points in the body of the Report to which particular attention should be drawn. Firstly, the infantile mortality rate of 42.24 is the lowest rate ever recorded in this County. The previous lowest figure was 47.43 in 1939. Secondly, although the notification of pulmonary tuberculosis is a little higher than the average for the five years ending December, 1940, the death rate from this disease is the lowest ever recorded. The combination of a higher notification figure with a lower death rate for 1941, as well as for 1942, tends to support what I said in my Report for 1941, that it is probably wrong to assume there is an actual increased incidence in pulmonary tuberculosis. The higher notification is, I believe, due to improved diagnosis and ascertainment. Thirdly, I would like to draw your attention to my observations following the Tomlinson Report, particularly as it affects the employment and treatment of those who suffered the loss of a limb. I have, for some years, gone to great length to acquaint myself with modern methods of dealing with this problem and, realising the benefits of a proper prosthesis, I should be failing in my duty if I did not draw attention to these possibilities, and urge that the modern facilities should be available within the ambit of the Public Health Services to any County resident.

With regard to the matter of employment, I had written this Report before the statement was made that a Bill was to be introduced into Parliament requiring employers to employ a certain proportion of disabled persons. The Parliamentary action merely gives official recognition that these people can be usefully employed (as I have been pointing out for over twenty years) ; that it is not a matter of charity or philanthropy, but a matter of right ; and that the time has come to realise it,

However we do not want employment of intelligent disabled people in soul-destroying occupations, and that is the danger of Special Registers and Schedules of Occupation for Disabled Persons. What is required is a fuller appreciation of their capabilities and how they can be used to the fullest extent.

Following my usual custom, I have said nothing about the Civil Defence Casualty Services; this is a matter which, in war-time, requires to be dealt with discreetly, not only by those who are attempting to maintain the Services, but by those who show a tendency to break them down.

There is one thing I think I ought to do, that is once again after four years of war to express my deep appreciation to the personnel of the Casualty Services. Their work is not of the showy kind but the Posts and Services have been kept going day and night through this long period, almost entirely by volunteers, and I must express my gratitude for their continued and loyal services.

I would particularly like to express my thanks to the First Aid Party personnel who have been taken over by the Rescue Services, and in parting with them I would like them to know how much I have appreciated their services and how sorry I am to lose them. Most of them are highly trained and that training is still required to fit them for the combined work they will now be called upon to do, and I confidently expect that their skill will be as freely offered to the new Services as to the old.

I am,

Your obedient Servant,

W. M. ASH,

County Medical Officer of Health.

County Offices,

St. Mary's Gate,

Derby.

November, 1943.

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TABLE I.

Death Rate from the Seven Principal Zymotic Diseases and all Causes, Birth Rate and Infantile Mortality in the Whole County during the last Fifty-two Years.

Year.	DEATH RATES PER 1,000 OF POPULATION.								Death Rate from all Causes.	Birth Rate.	Infantile Mortal per 1,000 Births.	
	Small Pox.	Scarlatina.	Diphtheria & Membranous Group.	Typhoidal Fevers.	Measles.	Whooping Cough.	Diarrhoea.	Seven Principal Zymotics.				
1891 to 1900	...	.028 .012	.16 .15	.17 .27	.16 .18	.43 .39	.30 .36	.58 .71	1.87 2.14	17.1 18.3	33.7 29.9	147 153
1901 to 1910	...	.004 .016	.10 .10	.16 .17	.08 .10	.26 .30	.24 .27	*.58 .77	1.58 1.50	14.1 15.3	28.5 27.1	126 128
1911 to 1920	...	— .000	.04 .04	.16 .14	.03 .03	.24 .27	.16 .18	.40 .51	1.03 1.17	12.66 13.85	24.07 21.90	99 100
1921 to 1930	...	— .00	.02 .02	.07 .08	.01 .01	.07 .11	.10 .11	†.12 †.15	.39 .48	10.92 12.14	19.73 18.36	70.7 71.7
1931 to 1940	...	— .00	.01 .01	.07 .07	.004 .003	.03 .04	.04 .04	.05 .08	.20 .24	11.31 12.26	15.71 14.93	56.7 58.6
1941	...	—	.001 .00	.034 .07	.00 .00	.011 .03	.057 .06	.057 .07	.16 .23	10.93 12.9	15.58 14.2	51.04 59.0
1942	Urban Districts	—	.000	.015	—	.012	.006	.063	.096	10.82	17.34	43.47
	Rural Districts	—	.003	.017	—	.014	.010	.043	.087	10.18	17.59	40.89
	WHOLE COUNTY	—	.001	.016	—	.013	.008	.054	.092	10.52	17.46	42.24
	England and Wales	—	.00	.05	.00	.01	.02	.08	.16	11.6	15.8	49.0

* Since 1901 the Deaths from Enteritis, etc., are included.

† Deaths from Diarrhoea under 2 years of age only.

Report on the Health of Derbyshire for the Year 1942.

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The Administrative County of Derby comprises 29 Sanitary Districts, 4 of which are Municipal Boroughs, 16 Urban Districts and 9 Rural Districts.

The County has an area of 635,454 acres, 98,038 in Municipal Boroughs and Urban Districts and 537,416 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General to the middle of 1942 is 631,900, 333,000 in Municipal Boroughs and Urban Districts and 298,900 in Rural Districts.

RATEABLE VALUE.

The rateable value of the Administrative County in April, 1942, for County Rate purposes was £3,406,872 and a Penny Rate over the whole County represents the sum of £13,154.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and in a small area in the South-Western portion of the county; and agriculture, particularly in the Western and Central parts of the county. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trade provides the chief occupation. In this area, too, artificial silk manufactories absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Table II. and the following

are extracts from them, given in a form required by the Ministry of Health :—

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Live Births	{ Legitimate ...	5,451	5,150	10,601
	{ Illegitimate ...	222	209	431
Total ...		5,673	5,359	11,032
Birth Rate per 1,000 of the estimated population				17.46
Number of Still Births ...				390
Rate of Still Births per 1,000 (total live and still) births ...				34.14
Number of Deaths ...				6,645
Death rate per 1,000 of the estimated population				10.52

Deaths and Death Rates from Puerperal Causes :—

	<i>No. of Deaths.</i>	<i>Rate per 1,000 live and still Births.</i>
Puerperal and post-abortion Sepsis ...	7	0.61
Other Maternal Causes ...	23	2.01
Total ...	30	2.62

Death Rate of Infants under 1 year of age :—

All infants (per 1,000 live births) ...	42.24
Legitimate infants (per 1,000 legitimate live births)	41.22
Illegitimate infants (per 1,000 illegitimate live births)	66.28

	<i>No. of deaths.</i>	<i>Rate per 1,000 of estimated population.</i>
Deaths and Death Rate from :—		
Cancer (all ages) ...	954	1.51
Measles (all ages) ...	8	.012
Whooping Cough (all ages) ...	5	.008
Diarrhœa (under 2 years of age)	34	.053

Infantile Mortality. The infantile mortality rate for the year under review was 42.24 per 1,000 live births compared with 51.04 in 1941 and 55.43 in 1940.

TABLE II.
COUNTY OF DERBY.

YEAR ENDING 31ST DECEMBER, 1942.

TABLE GIVING BIRTH RATE AND DEATH RATE FROM SEVERAL
CAUSES, IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

SANITARY DISTRICTS (Urban).	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.						INFANTILE DEATH RATE PER 1,000 BIRTHS.
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate Diarrhoeal Diseases (under 2 years).	Phthisis Death Rate.	Respi- ratory Death Rate.	
Alfreton	18.51	10.38	.09	.09	.14	1.14	49.09
Ashbourne	19.19	10.85	.19	.19	.38	0.58	50.50
Bakewell	9.76	7.24	—	—	.31	0.31	32.25
Belper	16.33	10.25	.07	.07	.41	1.16	33.47
Bolsover	22.20	7.99	—	—	.41	0.83	37.38
Buxton (Boro') ...	14.99	11.51	.16	.05	.37	1.16	49.30
Chesterfield (Boro')	17.57	9.98	—	—	.35	1.14	23.46
Clay Cross	17.24	10.02	.13	.13	.26	1.60	31.01
Dronfield	18.47	11.51	—	—	.45	1.21	57.37
Glossop (Boro') ...	13.64	13.75	.11	.05	.50	1.55	32.52
Heanor	17.80	10.28	.22	.13	.40	1.00	61.06
Ilkeston (Boro') ...	18.51	11.35	.10	.03	.40	1.38	63.86
Long Eaton	15.82	9.94	.07	.03	.15	1.27	44.01
Matlock	15.95	11.99	.12	.06	.12	0.87	47.44
New Mills	16.86	15.74	.12	.12	.50	1.12	79.36
Ripley	17.87	11.07	.23	.17	.17	0.99	52.45
Staveley	20.82	9.63	.18	.18	.18	1.29	29.67
Swadlincote	17.59	11.12	.10	.05	.35	1.46	57.46
Whaley Bridge	15.65	10.30	—	—	.39	0.59	12.66
Wirksworth	19.03	14.00	—	—	.21	0.65	45.97
<i>Urban Districts ...</i>	17.34	10.82	.09	.06	.31	1.16	43.47

SANITARY DISTRICTS (Rural).	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.						INFANTILE DEATH RATE per 1,000 BIRTHS.
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate Diarrhoeal Diseases (under 2 years).	Phthisis Death Rate.	Respi- ratory Death Rate.	
Ashbourne	14.25	10.62	.17	.09	—	0.52	30.30
Bakewell	14.03	12.10	.05	.05	.10	1.07	28.98
Belper	15.77	11.08	.11	.04	.11	0.91	35.97
Blackwell	21.29	9.77	.01	.07	.52	0.96	54.46
Chapel-en-le-Frith ...	13.68	12.61	.05	.05	.30	1.37	59.48
Chesterfield	18.45	9.65	.04	—	.31	1.05	30.14
Clowne	20.02	8.87	—	—	.22	0.72	19.39
Repton	15.15	9.34	.10	.03	.14	1.29	50.81
Shardlow	18.36	9.97	.14	.08	.36	1.04	47.46
<i>Rural Districts ...</i>	17.59	10.18	.08	.04	.28	1.03	40.89
<i>Urban Districts ...</i>	17.34	10.82	.09	.06	.31	1.16	43.47
<i>Whole County ...</i>	17.46	10.52	.09	.05	.30	1.10	42.24

BACTERIOLOGICAL LABORATORY.

During the year 26,363 bacteriological examinations were made at the County Laboratory, compared with 31,823 in the previous year. The smaller number of specimens examined is explained when it is considered that 5,578 diphtheria swabs were sent in, as against 11,125 for 1941. This again is a reflection of the incidence of the disease, there being only 332 notified cases of diphtheria as against 591 in 1941.

VENEREAL DISEASES CLINICS.

The number of new cases attending the Venereal Diseases Centres during the year 1942 and the diseases for which they required treatment are as follows :—

TABLE III.

	<i>Syphilis.</i>	<i>Gonorrhœa.</i>	<i>Soft Chancre and Non-V.D.</i>	<i>Total.</i>
Ashton-under-Lyne...	1	3	—	4
Burton-on-Trent ...	7	5	6	18
Chesterfield	20	49	145	214
Derby	24	69	145	238
Mansfield	1	2	7	10
Nottingham	12	19	41	72
Salford	—	—	—	—
Sheffield	5	1	1	7
Stockport	2	4	3	9
	—	—	—	—
	72	152	348	572
	—	—	—	—

This total of 572 new cases compares with 531 reported from the same Clinics for the previous year. The number of non-venereal and undiagnosed cases has increased from 297 to 347, and the number of diagnosed cases of venereal disease has decreased from 234 in 1941 to 225 in 1942.

MIDWIVES ACTS, 1902—1936.

Number of Midwives. At the end of 1942 there were 212 midwives on the County Roll. 55 were midwives in independent practice, 65 were District Nurse Midwives, 39 were midwives practising in Institutions, and 53 were County Midwives. All these midwives held the certificate of the Central Midwives Board. In the case of the County Midwives, 22 also held the State Registered Nurse's Certificate.

The following changes took place during the year :—

Midwives whose names were voluntarily removed from the Roll	...	...	...	...	...	...	Nil
No. of Midwives who left the County, of whom 11 were District Nurse Midwives	...	...	...	...	...	...	21
No. of new Midwives enrolled	...	...	...	...	...	...	9

Records Received.—The following Table gives the records received, the cases of Puerperal Pyrexia in the practice of midwives only, and all cases of Ophthalmia Neonatorum, whether in the practice of doctors or midwives, with the corresponding figures for previous years :—

TABLE IV.

	1936	1937	1938	1939	1940	1941	1942
<i>Records received—</i>							
Medical Help ...	1998	2097	2249	2041	2108	2099	2148
Still Births ...	138	162	126	119	154	121	123
Deaths of Children ..	83	102	97	79	116	91	96
Deaths of Mothers ...	2	6	3	2	5	3	3
Laying-out the Dead	59	60	60	33	48	33	26
Liability to be a source of infection	124	141	174	164	201	180	136
Notification of Artifi- cial Feeding (within 14 days)	150	181	181	129	135	159	167
<i>Puerperal Fever—</i>							
Midwives' cases ...	9	7	—	—	—	—	—
<i>Puerperal Pyrexia—</i>							
Midwives' cases	33	39	41	44	34	37	28
<i>Ophthalmia Neonatorum</i>							
ALL Cases	32	35	29	26	17	24	29

Puerperal Pyrexia.—The following table shews the total number of cases of Puerperal Pyrexia notified to me during the year 1942 and the case rate from this disease per 1,000 births :—

	<i>Whole County.</i>	<i>M.C.W.</i>
	<i>*(excluding Chesterfield Borough)</i>	<i>Area.</i>
Number of live births ...	9,924	8,846

<i>Disease.</i>	<i>No. of Cases.</i>		<i>Case rate per 1,000 births.</i>	
	<i>Whole County.</i>	<i>M.C.W. Area.</i>	<i>Whole County.</i>	<i>M.C.W. Area.</i>
Puerperal Pyrexia ..	68	63	6.85	7.12

*As Chesterfield Borough is the Local Supervising Authority their figures are not included.

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year 1942 and the results of treatment are set out in the following table :—

<i>Notified.</i>	<i>Cases Treated.</i>		<i>Vision unimpaired</i>	<i>Vision impaired.</i>	<i>Total Blind- ness.</i>	<i>No. of Deaths.</i>
	<i>At Home.</i>	<i>In Hospital.</i>				
29	20	9	29	—	—	—

Maternal Mortality.—The maternal mortality rate for the County (excluding the Borough of Chesterfield) for the year 1942 was 2.43 per thousand births.

WILLERSLEY CASTLE EMERGENCY HOSPITAL.

The Ministry of Health asked the County Council to requisition Willersley Castle and establish there an Emergency Maternity Hospital for the reception of evacuees from London who are expectant mothers. The premises were requisitioned towards the end of 1940 and, after being adapted for the purposes of a Maternity Home, were opened on the 25th November, 1940, the first party of mothers being received on December 3rd, 1940.

Since that date patients have continued to arrive in organised parties from London every week; they are billeted at Wirksworth, where they receive ante-natal examination on arrival, and subsequently attend an ante-natal clinic at the Castle, to which they are transferred as in-patients when the confinement is expected.

The staff consists of a sister in charge, sister tutor, six to seven staff midwives, 15—28 pupil midwives, and domestic and clerical staff. The nursing and midwifery staff were transferred from the Salvation Army Mothers' Hospital at Clapton, London, as Willersley Castle has taken over much of the work previously done by that hospital.

The home was originally started for 50 beds, but it was subsequently found that to avoid overcrowding it would be necessary to run the Home on the basis of a 44-bed hospital. One of the Council's Maternity and Child Welfare Medical Officers, Dr. Jean Forbes, was instructed to live at the Home and to undertake clinical charge of the cases, and for this purpose she was relieved of some of her outside work.

During the year of this Report 714 patients were admitted—682 were evacuees in organised parties, 12 evacuees from different parts of the country, and 20 Derbyshire residents.

NOTE.—Starting in September this year (1943) the standard party of evacuated expectant mothers from London will be reduced from 20 to 18 per week. In this way some beds will be released for use by County cases at Willersley, *i.e.*, 100 bookings a year or 8 *per month*.

MEDICAL TREATMENT OF CHILDREN UNDER FIVE YEARS OF AGE.

There is available for children coming within the scope of the Maternity and Child Welfare Committee the treatment of minor ailments, ear, nose and throat conditions, eye conditions, dental conditions, and orthopaedic treatment for both in-patients and out-patients, the in-patients being treated at Bretby Hall Orthopaedic Hospital.

The number of children coming for such treatment during the year 1942 was as follows :—

Ear, Nose and Throat conditions	...	...	...	—
Eye conditions	...	...	...	66
Dental conditions	...	...	...	484
Orthopædic Treatment :—				
In-patients	...	...	...	21 (<i>plus 3 from other authorities</i>).
Out-patients	...	...	...	392 (<i>plus 8 evacuees</i>).

INFANT WELFARE CENTRES.

The Maternity and Child Welfare area of the County comprises the whole of the Administrative County with the exception of the four boroughs, Buxton, Chesterfield, Glossop and Ilkeston. At the end of 1942 there were 56 Centres, 21 in Urban Districts and 35 in Rural Districts. Most of the Centres are under the supervision of a doctor and a health visitor is in attendance at each session. There are also 16 Ante-Natal Clinics, 13 in Urban Districts and three in Rural Districts.

Ante-Natal Scheme.—The following are the number of sessions and attendances at the 17 Ante-Natal Clinics during 1942 :—

Half-day Sessions	...	...	...	...	822
First Visits	...	...	...	...	3,196
Subsequent Visits	...	...	...	...	11,335
Post-Natal Visits	...	...	...	...	249
					14,780

Auxiliary Treatment Centre, Chesterfield.

Half-day Sessions	...	...	...	...	33
First Visits	...	...	...	...	98
Subsequent Visits	...	...	...	...	90
Post-Natal Visits	...	...	...	...	11
					199

Child Life Protection.—There were 43 children and 40 foster parents on the register at the end of 1942.

Dental Treatment for Expectant and Nursing Mothers.

Number of Cases treated	...	...	...	...	112
„ „ Extractions	...	...	...	...	673
„ „ Conservations	...	...	...	...	99
„ „ Sealing treatments	...	...	...	...	186
„ „ Dentures supplied	...	...	...	...	113

Diphtheria Prophylaxis.

In certain areas in the County, Assistant School Medical Officers continued to assist Local Medical Officers of Health in carrying out the Diphtheria Immunisation campaign: 319 first, and 204 second, injections were given during the year.

At the request of the Ministry of Health, Health Visitors were instructed by me to stress the importance of the immunisation of children between the ages of one and five years, both in their home visiting and at Infant Welfare Centres. They were asked during the autumn to give this work priority over routine matters (other than attendance at clinics, the paying of first visits on the notifications of births, and other visits of a special and urgent nature). They were directed to compile a list of the names and addresses of all children between one and five years in their areas who had not been immunised, and it was suggested they should then embark on a series of special visits to the parents to persuade them that immunisation should be carried out without further delay. The Health Visitors undertook this as a piece of special war work and have carried it out with energy and enthusiasm.

As a result, more than 12,500 visits were paid by Health Visitors during November and December alone. The percentage of children accepting immunisation varied in different health visiting areas, and by the end of December the percentages of children immunised as a result of the campaign ranged from 8 per cent. to 94 per cent., the general percentage throughout the County area being 57 per cent. This figure includes pre-school as well as school children.

Taking County districts as a whole and confining my remarks to those County districts within the elementary education area, the percentage of school children immunised varied between 97.25 per cent. and 15.72 per cent. I should point out that the 15.72 per cent. was an outstandingly bad example, the next lowest figure to that being 52.23 per cent in Urban Districts. In the Rural Districts the figure varies from 86.92 per cent. to 62.98 per cent.

WAR-TIME NURSERIES.

The accommodation required for War-time Nurseries falls into two quite separate categories :—

- 1.—War-time Day Nurseries.
- 2.—Residential Nurseries.

War-time Day Nurseries are established in industrial areas where the Ministry of Labour and National Service are satisfied that the demand for women in employment requires this provision for the care of their children while they are at work. It was calculated that better work would be done by the women if they were satisfied that their children were being well looked after and properly fed during the hours they were away from home. The demand for these nurseries has varied considerably. In some areas the women seem to have been able to make satisfactory private arrangements, and in others there has been a demand for a nursery which has not been supported by the local Employment Exchange.

When it has been established that female labour is required and available in a certain district, the Ministry of Labour ask that a War-time Nursery be opened in order to recruit help from the

married women with young children. On close investigation it has sometimes been proved that there are not sufficient women to warrant a Nursery, but three full-time Day Nurseries have been established in the County at Long Eaton, Chaddesden and Frecheville.

Long Eaton War-time Nursery, Congregational Schoolroom, Midland Street.

Some 14 buildings and four different sites were considered before it was finally decided by the Ministry of Health to take and adapt the Congregational Schoolroom, Midland Street. The County Council were very anxious to acquire a suitable and convenient site and erect a pre-fabricated hut, specially designed for a War-time Nursery, but agreement could not be reached on this point, and so at last we were obliged to take the premises at present in use. These are rented from the Chapel Trustees, on special terms arranged between them and the Senior Regional Officer, and essential alterations and adaptations were carried out, but, of course, the main structural difficulties could not be overcome.

The Nursery opened on July 27th, 1942, with an initial attendance of 21, and this number has gradually increased until at the present time there are 44 children on the register, with an average daily attendance of 30.

The accommodation in this Nursery is for 40 children from one to five years, though not more than eight children under two years can be accommodated. The equipment has been supplied from Central Stores, and is according to the Ministry of Health standards.

From time to time complaints have been brought forward by the local Council concerning the accommodation and facilities, and as recently there has been an increased demand for accommodation for the "under twos" a meeting took place at Long Eaton, when the Urban District Council agreed to the use of part of the grounds adjoining the old Town Hall for the erection of a hut.

Plans for the new Nursery are under consideration by the Regional Officer of the Ministry of Health. This new hut is of a larger and revised type to accommodate 50 children from nought to five years, and will have all the advantages of a building constructed for the purpose.

The staffing of the existing Nursery was carried out according to the Ministry of Health Circular, and consisted of a Matron (S.R.N.), Deputy Matron, Staff Nurse (Trained Nursery Nurse), Warden, and three Nursery Assistants, a fourth to be appointed when the Nursery is running full strength.

The domestic staff consists of a cook and a part-time cleaner, and during the winter months a part-time stoker is also employed, as the central heating is worked from a large boiler under the Schoolroom, which heats the chapel as well as the Schoolroom.

Chaddesden War-time Nursery, Reginald Road, Chaddesden.

The site chosen for this Nursery is quite convenient and has the advantage of adequate garden space.

The hut supplied was of the B.C.F. type. The County Architect's adaptation of the Ministry's plan has facilitated the running of the Nursery, and is, to my mind, a definite improvement on the original design; one of the outside improvements being a paved courtyard, so essential for outdoor play, etc. The decoration and general colour scheme has resulted in an attractive as well as a practical Nursery. The main equipment has, of course, been supplied from Central Stores.

The accommodation provided is for 40 children from nought to five years, but there has only been a small demand for accommodation for babies under one year.

The Nursery opened on March 22nd, 1943, with an initial attendance of four, but the numbers rose quickly and there are now 44 children on the register with a regular average attendance of 36.

The staff in the Nursery consists of Matron (S.R.N.), Senior Staff Nurse, Junior Staff Nurse, Warden, and four students, and the domestic staff of a cook and a part-time cleaner.

Frecheville War-time Nursery, Birley Moor Road, Frecheville, near Sheffield.

The site chosen—as far as we had any choice—for this Nursery was a large bare patch of ground on the main Sheffield Road. It is, therefore, conveniently on the main bus route, and has a good deal of playing space. It is, however, a rather exposed site.

The hut provided here was of the Maycrete type, and fewer adaptations were practicable. The ground adjoining the hut is now being levelled and suitably laid out as a playground and garden.

The Nursery was opened on March 31st, 1943, with an initial attendance of seven, and the numbers have only increased slowly and have now just reached 30 on the register with an average daily attendance of 18. When this Nursery was proposed, the local opinion maintained that there were over 80 women waiting to avail themselves of this facility, and they asked that two huts be erected straight away, as the demand was so pressing, but events proved that there was not really the demand that we had been asked to believe.

The staff consists of Matron, Staff Nurse, Warden, and four Student Nurses, also a full-time cook. Great difficulty has been experienced in trying to find a part-time cleaner anxious to start work early enough for our requirements.

All these Nurseries are full-time Day Nurseries, which means that they are open from 7 a.m. to 7 p.m. six days a week, though

in all cases the Saturday attendances are about half the other five working days. Each member of the staff has three hours off duty daily (the juniors sometimes four) and half a day a week; all meals are supplied when on duty and uniform is provided, except in the case of the Matrons, who have a separate uniform allowance.

The length of time taken to erect the huts has varied, and delay has been caused by short supplies of such items as inner wall-lining and drainage, but barring these delays it is estimated they can be put up and be made ready for use in three to four months.

Two part-time Day Nurseries were opened at **Holmewood** and **Shirland** at the beginning of the war, and were taken over by the Derbyshire County Council from Chesterfield Rural District Council on April 1st, 1942. These two Nurseries had been originally planned for evacuees and could each accommodate 24 children. In time, however, the evacuees either returned home or were transferred to the local infants' schools, and the numbers were considerably depleted. The children of local women in employment were admitted, and even those whose mothers were not working, in order to keep the Nursery numbers up. These Nurseries were open from 9.30 a.m. to 3.30 p.m. approximately, and the mid-day meal was not provided, though the Warden at Shirland made several energetic attempts to arrange this, but the Ministry refused to agree on the grounds that the accommodation was not suitable. After several "considerations," it was eventually decided that neither Nursery was now fulfilling the purpose for which it was originally designed, and both were closed—Holmewood on April 2nd, 1943, and Shirland on May 28th, 1943, some of the children from Holmewood being accommodated at the Heath Infants' School.

Health in War-time Day Nurseries.

The health of the children attending the War-time Day Nurseries has, on the whole, certainly improved. Regular monthly inspections are made by one of the Maternity and Child Welfare Officers, who examine all new admissions, and any of the children needing special treatment or who are not making satisfactory progress.

Matron, or her deputy, receives the children on arrival each morning, and any child obviously not well is sent home again, and thus quite a considerable amount of infection has been avoided. There have, of course, been cases of infectious illnesses from time to time, but these have never amounted to anything approaching an epidemic, as the following statistics show:—

Long Eaton War-time Nursery.

There has been in the year:—

Dysentery	9 cases (all in one period. There were many other cases outside the Nursery).
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Measles	12 cases.
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Scarlet Fever	2 cases (four weeks apart).
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Whooping Cough	2 cases.
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Summary.

I think it can be said that apart from the small outbreak of dysentery the health record is not unfavourable, and there is nothing to support the view that absences are due to illness caught in the Nursery.

The limitation of the dysentery outbreak to nine cases shows that conditions for limiting spread of disease are much better than in residential nurseries of which we have had experience. The Nursery has never been closed for infectious disease, and I think that the experience has justified this course.

Chaddesden War-time Nursery.

Absences due to illness, April, May and June, 1943 :—

Whooping Cough	...	...	...	2
Impetigo	...	...	...	1
Jaundice	...	...	...	1
Chicken-pox	...	...	...	1

There have been many outbreaks of colds and similar chesty conditions, but few children have been ill enough to stay away from the Nursery. These conditions have considerably improved throughout the summer.

Frecheville War-time Nursery.

Absences due to illness, April, May and June, 1943 :—

Colds and Sore Throats	...	...	8
Other reasons	...	...	3

It is estimated about half the colds were caught at the Nursery. Absences due to other causes, *i.e.*, holidays, father on leave, etc., are not uncommon.

Cod liver oil and fresh fruit juices are given to the children as routine additions to a varied and nourishing diet, and ferrous sulphate tablets are also available for any child thought, by the doctor, to be in need of additional iron.

From the above figures, which it must be stressed only refer to a very limited number of children over a limited period, there appears to be no particular evidence that War-time Nurseries are foci for the spread of infection. I have to admit that I held serious doubts on that matter; in fact, on the face of it, the bringing together of young children who otherwise would not meet might be expected to increase the spread of infection. As long ago as 1932 and 1933 I caused an enquiry to be made into the incidence of infectious diseases among children attending Infant Welfare Centres, and there again, of course, the enquiry comprised a limited number of children during two years, as children over two years of age were excluded on the grounds they would probably mix outside their homes. Anyway, my figures show that there was roughly a 50 per cent. greater chance of contracting infectious disease before reaching the age of two, if such children were allowed to congregate together. I am merely stating a fact which, on the

face of it, appears to be understandable. My figures of the War-time Nurseries appear to disprove my 1932-33 findings, but children in War-time Nurseries are usually older, and, moreover, realising the dangers, I have taken very great precautions to exclude any children likely to be in an infectious condition as they arrive each morning. Whilst I am in no way dogmatic and have an open mind on the subject, I think it is an enquiry which requires to be made over a large area including large numbers of children, and extending over a substantial period, then we may be able to say definitely what is the risk, if any, of having young children converging each morning to a focus and separating each evening to scatter themselves about an area where infectious disease may be present.

There is not enough opportunity for a sufficiently comprehensive enquiry in most Local Authorities' areas, and this suggests to me that figures might be collected centrally covering the whole or the greater part of the country. We have been taught there are certain diseases such as measles and whooping cough which have much more serious complications in earlier life, and consequently our aim should be to postpone the onset of these diseases as far as we can. Believing these things, one feels we ought to be on sure grounds before we contemplate the institution of anything in the nature of War-time Nurseries for children under two as a permanency. In war-time I suggest risks can be justified, but in peace-time we have to weigh the undoubted benefits of War-time Nurseries against the possible disadvantages, particularly the spread of infection.

Residential Nursery Units.

The main idea behind the original scheme for Residential Nursery Units was to utilise the available accommodation in large country houses to house groups of "under fives" on the supposition that the "stately homes of England" still maintained large domestic staffs who could undertake the additional cooking and give some domestic help in these Units. In actual fact there was ample accommodation, though, of course, a great deal had already been requisitioned by various Ministries or by the Forces.

A circular letter giving an outline of the proposed scheme was sent out to 448 householders in the County, and 91 replies were received—66 refusals, 16 acceptances, 9 queries. All acceptances and queries were investigated; some premises were found not to be suitable for the establishment of Nursery Units, other householders later withdrew their offer.

Each prospective Unit was visited and details of the scheme discussed with the householder. Two alternative methods of remuneration were offered:—

(a) To accommodate the party on the basis of the payment of a billeting allowance of 8s. 6d. per week for each child, and £1 1s. 0d. a week for each helper.

(b) To keep an account of the cost of maintenance—the party to submit it for payment monthly by the County Council.

The Units thus established accommodate four, eight or twelve children with one, two or three nurses, who are responsible for the care of the children and the running of the Nursery. The staff in these Units consists of trained Nursery Nurses or experienced Nannies, and in the cases where there are twelve children the third helper is usually an Undernurse.

Equipment for the children was supplied from Central Stores, and any additional equipment required by the householder for the staff or kitchen use was also supplied (within reason).

Eventually seven Nursery Units were opened :—

- | | | |
|------------------------------------|-----------------|----------------|
| (1) c/o Mrs. May, The Green Hall, | 4 children | ...On 13/6/42. |
| Ashbourne. | (2 to 5 years). | |
| (2) c/o Mrs. Carter, Brookfield | 4 children | ... „ 13/6/42. |
| Manor, Hathersage. | (2 to 5 years). | |
| (3) c/o Mrs. Robinson, Chander | 4 children | ... „ 9/7/42. |
| Hill, Chesterfield. | (1 to 2 years). | |
| (4) c/o Mrs. Fowler, The Vicar- | 8 children | ... „ 24/6/42. |
| age, Tibshelf. | (2 to 5 years). | |
| (5) c/o Mrs. Clowes, Norbury Hall, | 12 children | ... „ 25/7/42. |
| Norbury. | (2 to 5 years). | |
| (6) c/o Mrs. Batchelor, Rowland | 18 children | ... „ 4/9/42. |
| Cote, Edale. | (0 to 2 years). | |
| (7) c/o J. B. Marsden-Smedley, | 12 children | ... „ 7/9/42. |
| Esq., Lea Green, Nr. | (2 to 5 years). | |
| Matlock. | | |

There has been no change in the fundamental arrangements made regarding the first three Units, but No. 4, c/o The Vicarage, Tibshelf, was closed down on 3/9/43 as Mrs. Fowler felt she could not continue with the Unit throughout another winter, as she had never been able to get satisfactory domestic help. The children from this Unit were then absorbed into vacancies existing in other Units.

The Unit at Norbury Hall has from the commencement been on the Accounting System, that is to say all the catering and business of running the Nursery was undertaken by the Nurse-in-charge, who renders all accounts to the County Council monthly for payment. The whole of the top floor and kitchen and dining room accommodation has been lent to us, rent free, for the purpose of establishing this Unit, agreement having been reached concerning the use of electricity, central heating, etc. This arrangement has been most satisfactory, and the Unit has run smoothly from the time of opening.

Mrs. F. Batchelor, of Edale, offered a small modern cottage in the ground of Rowland Cote for use as a Nursery, and at first this was established as a Special Nursery for 18 “under twos” (on the Billeting System), but on 1st May, 1943, it was turned

into a self-contained Unit for 12 children from one to three years (on the Accounting System). The Nursery has adjusted itself to its new routine and is running satisfactorily.

Alderman J. B. Marsden-Smedley agreed to accommodate a Unit of 12 children, and a wing of Lea Green was given up for this purpose. Later on, when Tibshelf Nursery was closed, the Unit was extended to 16 children. The accommodation offered here is very well suited for a Nursery, and the children have the additional benefits of the Home Farm.

A real interest has been taken by the householders accommodating these children, and it must have been a source of considerable satisfaction to them to see the improvement in health and general development of the children under their care. (In four of the six Units the children over five are now attending the local school, and in a fifth Nursery arrangements are in hand for a Nursery Governess to undertake the necessary education of the older children.)

All the Units are of necessity in rural and sometimes rather isolated places, and this has made the question of staffing them rather a difficult one, and there have been a number of changes largely on this account. The appointment of a Relief Nurse to visit all the Units in turn to relieve the nurses for their two-monthly "week-ends" (of four days) has been much appreciated by the staff, who have had to work very hard to effect the beneficial changes which have certainly taken place among the children since their admission to the Units, and in all cases the children seem to be very happy and well-cared for.

Extra toys, jam, and some clothing, have been supplied by the W.V.S., and visits have been paid to most of the Units by members of the W.V.S. and the Ministry of Health.

INSPECTION AND SUPERVISION OF FOOD. MILK SUPPLY.

Twenty-six licences for the production of Tuberculin Tested Milk and 1,014 licences for the production of Accredited Milk were in force at the end of the year.

Six new licences for the production of Tuberculin Tested Milk and 50 new licences for the production of Accredited Milk were granted during the year.

Four Accredited Milk licences were revoked during 1942.

2,281 inspections of premises have been carried out by your Sanitary Inspectors and 2,149 samples of milk taken and submitted for bacteriological examination.

These samples consisted of :—				<i>Satis- factory.</i>	<i>Unsatis- factory.</i>	<i>Total.</i>
Tuberculin Tested Milk				31	3	34
Accredited Milk				1,782	302	2,084
School Milk (Other than Ac- credited)				21	10	31
				1,834	315	2,149

MENTAL DEFICIENCY ACTS, 1913—1938.

The Mental Deficiency Acts in this County are administered by the Mental Deficiency Acts Committee.

New Orders.—During the year, 34 cases were placed on Order and dealt with as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Admitted to Certified Institutions ...	17	17	34
Placed under Guardianship ...	—	—	—
	17	17	34

Supervision.—On December 31st, 1942, 1,431 cases were under supervision at home as shewn in the following Table:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision ...	305	277	582
Supervision ...	406	392	798
On Licence from Institutions ...	14	31	45
Under Guardianship ...	1	5	6
	726	705	1,431

Notifications by Local Education Authorities.—During the year 1942, the following cases were notified by Local Education Authorities and dealt with as shewn:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Sent to Institutions, by Order ...	—	2	2
Placed under Statutory Supervision	18	12	30
	18	14	32

Cases in Institutions on December 31st, 1942.

<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
209	312	521

Makeney House Certified Institution.—During the year 1942, 7 patients were admitted, 2 transferred and one discharged from Order. On December 31st, 1942, there were 90 patients on the books of the Institution.

Occupation Centres.—The Occupation Centres are closed owing to transport difficulties in rural areas.

TUBERCULOSIS SCHEME.

This scheme consists of two main units, viz., Dispensary and Institutional. The Dispensary unit consists of nine Dispensaries and 10 Orthopædic Clinics, which serve the whole of the administrative County. Owing to the needs of the Armed Forces and the consequent shortage of Doctors, it has been necessary to reduce the Institutional Medical Staff by one Resident Medical Officer at the Derbyshire Sanatorium and one at the Bretby Hall Orthopædic Hospital; this has to some extent caused a curtailment of the Dispensary and Orthopædic Clinic Services and the domiciliary visiting by the Tuberculosis Officer.

The Institutional unit consists of the following :—

- (a) Derbyshire Sanatorium, Chesterfield (126 beds with 11 additional shelter beds available during the summer months), for the treatment of pulmonary cases.
- (b) Bretby Hall Orthopædic Hospital, near Burton-on-Trent (120 beds, approximately 80 per cent. of normal peace-time accommodation), for the treatment of non-pulmonary and orthopædic cases. The remaining 20 per cent. of normal peace-time accommodation are E.M.S. beds, the majority of which are now used for Service cases.

- (c) Tuberculosis Pavilion, Penmore Hospital, Chesterfield (14 beds for pulmonary cases).

Closed on account of the shortage of nursing staff.

- (d) Harlow Wood Orthopædic Hospital.

On account of travelling difficulties and as a war-time measure, arrangements have been made for the admission to this Hospital of tuberculous orthopædic cases of the "long stay" type living in the north-east part of the County. No specified number of beds are reserved for Derbyshire cases.

- (e) Sherwood Village Settlement.

At the invitation of the Nottinghamshire County Council, who established this Settlement at Rainworth, near Mansfield, an arrangement has been entered into with them for the admission of ex-sanatorium patients, but again no specified number of beds have been set aside for Derbyshire patients.

DERBYSHIRE SANATORIUM.

The greater part of the Renovation Scheme to the Wards which was approved by the County Council in 1942 has been carried out during 1943, and as a result, the condition of the Institution has been improved. The much needed renovation of the Kitchen and Administrative Block has been sanctioned by the Council and tenders accepted, and at the time of writing the work is in hand.

Arrangements have been made for the surgical treatment of Sanatorium Patients being carried out by A. W. Fawcett, Esq., F.R.C.S., at the Sheffield Royal Hospital. Briefly, the arrangement is that patients in the Sanatorium who are suitable for operative treatment are transferred to the Sheffield Royal Hospital, where the operation is performed, and as soon as possible afterwards the patient is returned to the Sanatorium; 12 cases were treated between the introduction of the scheme in June and the end of the year.

STATISTICS.

	Males.	Females.	Children.	Total.
Admitted	183	126	27	336
Discharged	184	134	15	333
Average length of stay of patients—156 days. (22 weeks, 2 days).				
Average gain in weight by patients—8 lbs., 9 ozs.				
Average number of beds occupied—129.4.				

Patients Discharged.

MINISTRY OF HEALTH CLASSIFICATION. TABLE D.S.I.

	M.	F.	C.	Total.
PULMONARY.				
1. Class T.B. Minus ...	35	18	8	61
2. Class T.B. Plus ...				
Group I.	1	1	1	3
Group II.	68	58	2	128
Group III.	59	43	1	103
NON-PULMONARY.	1	1	0	2
NON-TUBERCULOUS	15	11	3	29
DOUBTFULLY TUBERCULOUS	5	2	0	7
TOTALS	184	134	15	333

General Results of Treatment.

Quiescent ... ..	...	...	84
Not quiescent ... ..	...	...	179
Died ... ..	...	...	36
Not tuberculous ... ..	...	...	28
Doubtfully „ ... ..	...	...	6
			<hr/> 333 <hr/>

Cases admitted for Diagnosis. Forty-nine cases were discharged during the year with the following results.

Bronchiectasis ... ..	...	...	8
Bronchitis ... ..	...	...	6
Healed Tubercle ... ..	...	...	6
Pulmonary Tuberculosis ... ..	...	...	9
Gastritis ... ..	...	...	1
Emphysema with Bronchitis ... ..	...	...	1
Pulmonary Carcinoma ... ..	...	...	3
Silicosis ... ..	...	...	2
Acute Vaginitis ... ..	...	...	1
Melancholia ... ..	...	...	1
Post-Pneumonic Fibrosis ... ..	...	...	2
Lupus ... ..	...	...	1
Post Pneumonic Fibrosis with Disseminated Sclerosis ... ..	...	...	1
Broncho-pneumonia ... ..	...	...	1
Diagnosis doubtful ... ..	...	...	6

Laboratory Work. 2,127 sputums and 1,043 urines were examined during the year. 33 sputum concentration tests, 20 examinations of pleural fluid, differential White Cell counts 20, H.B. estimations 8, Red Cell counts 16, White Cell counts 26, miscellaneous 14 and 119 Blood Sedimentation rates were done.

X-Ray Work. 738 X-ray photographs were taken and 2,420 screenings were done in the year. Nine Lipiodol injections were made during the year. Three by the nasal route and six by the Crico-Thyroid route. The bronchogram shewed bronchiectasis in six cases and no bronchiectasis in two. Bronchial obstruction due to carcinoma was shewn in one case. In addition 996 X-rays taken at the Clinic were developed here.

Ultra-Violet Light Treatment.

<i>Disease.</i>	<i>No. of Cases.</i>	<i>Cured.</i>	<i>Improved</i>	<i>Stationary or Worse.</i>
Pleural Effusion	4	—	4	—
T.B. Sinuses	1	—	1	—
Lupus	1	—	1	—
T.B. sternal abscess ...	1	—	1	—
Acne Vulgaris	1	—	*1	—
Total ...	8	—	8	—

Surgical Treatment.

1. Artificial Pneumothorax.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
New cases	18	18	36
Old cases continued	33	28	61
Refills	807	965	1772
Gas replacements	121	41	162
Decompressions	6	18	24
Pressure readings	23	9	32
Totals ...	1008	1079	2087

The total number of operations was 2,087, compared with 1,760 in 1941. The total number of gas replacements was 162 as compared with 61 in 1941.

In seven of the female A.P. cases and in ten male A.P. cases, the sputum became negative as a result of treatment.

Massage. During the year under review, 40 cases were treated by massage. The total number of treatments was 936.

Phrenic Evulsion.

Mr. Milward performed this operation under local anaesthesia on three male patients and two female patients. All improved, and in one female patient the sputum dried up as a result of the treatment.

Thoracoplasty.

One female patient was transferred to Sheffield Royal Infirmary under the care of Mr. A. W. Fawcett for this operation. A good collapse was obtained and the result was good.

Adhesiotomy.

Six male patients having A.P. treatment were transferred to Sheffield Royal Infirmary under the care of Mr. A. W. Fawcett for thoracoscopy with a view to adhesiotomy. In five cases, adhesions were divided, and in one case it was found impossible to divide the adhesion.

Six female A.P. cases had adhesiotomy performed. One case had three sittings and fifteen adhesions were divided.

Nine cases formed fluid after the operation. In four the fluid resolved, but two became purulent and three were discharged after a period of Sanatorium treatment with small quantities of clear fluid.

The results of adhesiotomy have not been disappointing. In the great majority the effectiveness of the collapse was greatly improved and the future outlook good.

Dental Treatment.

Attendances	...	...	...	...	326
Treated	...	...	...	...	110
Extractions	...	...	...	...	208
Conservations	...	...	...	...	243
Scalings	...	...	...	...	448
Made Dentally Fit	...	...	...	...	59
Anæsthetics	...	...	...	...	1
Dentures Supplied	...	...	...	...	5
Dentures Repaired	...	...	...	...	5

BRETRY HALL ORTHOPÆDIC HOSPITAL.

During the year 1942 there was a slight falling off in the numbers of patients admitted and treated, as compared with the record number in the previous year. The Hospital was, however, continuously full throughout the year, and the average number of patients in Hospital on any day was 149, as compared with 138. There was thus a decrease in turnover, which was to some extent due to the calling up of the Junior Assistant Medical Officer, Dr. R. Ashwin, for military service in August, which resulted in the Resident Medical Staff being cut down from three Medical Officers to two.

Of the 458 admissions during the year, 267 were Service patients and were admitted under the E.M.S. Scheme. Although only approximately 20 beds were reserved for these patients, they again outnumbered the civilian patient admissions, owing to their being mainly cases requiring two to three weeks' treatment.

In October, the Senior Masseuse, Miss H. Blackmore, was sent for a ten weeks' course in Rehabilitation and Occupational Therapy at Berry Hill.

Difficulties due to shortage of staff, especially domestic, continued throughout the year, but were on the whole successfully overcome by re-arrangement of work and improvisation.

During the year four probationers passed the Preliminary Examination of the General Nursing Council, and one Sister and three probationers obtained the Orthopædic Nursing Certificate of the Central Council for the Care of Cripples.

TABLE B.I.

					<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
No. of Patients in Hospital at Midnight, Dec. 31, 1941.							
Tubercular	...	...	...	...	56	39	95
Non-Tubercular	...	...	...	...	40	12	52
					—	—	—
					96	51	147
					—	—	—
Admissions during 1942.							
Tubercular	...	...	...	...	55	42	97
Non-Tubercular	...	...	...	...	309	52	361
					—	—	—
					364	94	458
					—	—	—
No. of patients treated during 1942.							
Tubercular	...	...	...	...	111	81	192
Non-Tubercular	...	...	...	...	349	64	413
					—	—	—
					460	145	605
					—	—	—
No. of patients discharged during 1942.							
Tubercular	...	...	...	...	47	41	88
Non-Tubercular	...	...	...	...	313	45	358
					—	—	—
					360	86	446
					—	—	—

The total number of patients operated on during the year was 318, a decrease of 42 as compared with 1941.

Orthopædic Clinics.

Attendances at Orthopædic Clinics were well maintained throughout the year, and actually showed a slight increase, being 7,850 as compared with 7,665 in 1941. A Table showing the statistics for the Clinics is appended below :—

TABLE B.2.
(a) TUBERCULAR CASES.

Situation of Lesion.	Alfreton.	Chesterfield.	Chinley.	Clay Cross.	Derby.	Heanor.	Ilkeston.	Long Eaton.	Matlock.	Shirebrook.	Swadlincote.	Totals.
Spine	6	18	6	—	14	—	—	7	4	3	2	60
Hip	6	22	4	—	7	3	1	2	3	—	5	53
Knee	3	9	5	—	6	2	—	3	—	—	7	35
Foot	3	4	2	—	2	2	—	—	1	—	1	15
Hand	—	1	—	—	2	—	1	—	—	—	1	5
Miscellaneous ...	2	6	2	—	4	1	1	2	2	—	1	21
Total	20	60	19	—	35	8	3	14	10	3	17	189

(b) NON-TUBERCULAR CASES.

Lesion.	Alfreton.	Chesterfield.	Chinley.	Clay Cross.	Derby.	Heanor.	Ilkeston.	Long Eaton.	Matlock.	Shirebrook.	Swadlincote.	Totals.
Poliomyelitis ...	12	34	6	—	11	8	9	2	8	7	8	105
Spastic	3	6	2	—	8	2	8	4	1	1	5	40
Scoliosis	12	11	1	—	36	5	5	10	7	3	19	109
Kyphosis	30	6	4	—	22	8	8	19	8	2	9	116
Torticollis ...	2	3	2	—	5	2	2	9	2	1	3	31
Rickets	12	13	6	—	35	6	29	12	5	4	5	127
Cong. Deform....	13	35	4	—	18	14	10	11	13	8	28	154
Miscellaneous ...	112	127	56	—	131	33	59	68	58	24	74	742
Total	196	235	81	—	266	78	130	135	102	50	151	1,424
Total Attendances	1,261	1,003	293	165	1,297	459	809	686	661	265	951	7,850
No. of Plasters Applied ...	12	63	14	2	53	4	19	15	30	7	33	252

Some Observations on the "Tomlinson" Report.

During the period of this Report, that is during 1942, the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons, which was appointed in December, 1941, had been holding fortnightly meetings, commencing in January, 1942, and their report was presented to Parliament in January, 1943. The Report, which has come to be known as the "Tomlinson Report," deals with many aspects of the problem of rehabilitation and resettlement and, whilst it is not my intention to refer to the whole matter of the Report, I feel I should take this opportunity of re-introducing the subject of the training and employment of persons suffering from physical disablement which I first reported on in my Annual Report of 1925. On this subject the "Tomlinson

Report" appears to have added little to what I said in 1925—in fact, much of what they said was so similar to what I said as to be worthy of quotation. The Tomlinson Committee emphasised that "the only satisfactory form of resettlement for a disabled person is employment which he can take and keep on his merits as a worker in normal competition with his fellows. . . . The realisation of this aim is practicable for the majority of the total." On this same point I said "That they (the disabled) can compete with their normal fellows if given a fair chance can be demonstrated by anyone who has ever attempted to look after a cripple. The number of cripples whose defect should exclude them from an ordinary competitive life should not be more than 10 per cent." Again, the "Tomlinson Report" states "A general idea prevails that apart from a few exceptional cases full efficiency in ordinary employment is beyond the capacity of anyone who fails to pass a general and theoretical medical test, and from this derives the view that the resettlement of the disabled must be a matter of philanthropy and goodwill. This idea is wholly out of date. A large proportion of disabled persons are capable, or can be made capable, of taking their place in industry on normal terms."

I put the matter in very much the same way when I said "He (the cripple) does not want sympathy. He wants an ordinary decent chance and he wants to be able to live as normal a life as possible. The nearness to which a cripple's life can approach that of normality is often of such a degree that there is little need for any special training. Public opinion is just becoming alive to the fact that a cripple can be a useful citizen."

Well, since 1925 I have not to my knowledge failed to take every opportunity which has presented itself to meet and talk to as many disabled persons as I could, and the more I see of them the more I am assured that what I said still holds good, but I have not always been so successful in getting the general public to take a similar view, yet the proof that I am not exaggerating the capability of the cripple is all around us if we will but look for it. It is much more difficult to enumerate the jobs they can do than those they cannot.

Perhaps it is the word "cripple" which is to blame. It gives rise to entirely false impressions of the person to whom it is usually applied. I am happy to know many limbless persons of both sexes, and it never occurs to me to regard them as cripples. They are nothing like what is generally envisaged by the word. They are all of them normal people doing normal jobs, with a normal outlook on life, neither expecting nor wishing for sympathy or philanthropy. They are doing ordinary jobs—doctors—if you can call that an ordinary job!—business men, teachers, actors, soldiers, sailors, and airmen on active service, whilst the opposite sex are housewives, nurses, secretaries, clerks, typists, doing a normal job as well as any normal person. There has been in my time two well-known actresses on the London stage, one with one leg and one with both off, whilst at the moment one of the most popular film stars has but one leg. I wonder how many people know it!

How the quaint idea that a limbless person is incapable of a normal life survives is really beyond my understanding. From time to time we hear of some exploit one of them has performed, and the general public appear to be misled into believing that this is a remarkable incident and assumes that this particular person is outstanding and not to be considered as an ordinary limbless person, whilst, as a matter of fact, the exploit has merely come to the notice of the press and the person concerned would probably be surprised that he was considered to have done anything outstanding, realising that similar feats are everyday occurrences to the limbless.

However, it is the capacity for normal life and employment of the general run of limbless which we should do well to study, for there is a lamentable amount of ignorance about this which is detrimental not only to the limbless but to the country as a whole. Here are people with the capacity for most normal work and we should give them work. I would like to see a preference given to the limbless, but I won't ask for that. I do, however, ask that they should be given an equal chance of employment. I deprecate special registers for disabled persons or special schedules of occupations for disabled persons. This would tend to differentiate the disabled from the normal, and that is just what must be avoided. They are, and with few exceptions must be treated as, normal people. Let me quote a sentence from the publication of the Central Council for the Care of Cripples, which puts the matter in a nutshell.

“It is a common error to suppose that the most important thing about a man with an amputated limb is that he has an amputated limb, whereas on a proper view of the case the important thing is that he is a man and still has three intact limbs, together with a brain and other valuable faculties all in good condition, and even his amputated limb has been so well fitted with an appliance that its functions are largely restored.”

This raises two considerations ; they are fundamental and they are both directed to the general public. First the need for a proper view on the lines mentioned, and it boils down to this—don't mislead yourself that the limbless are cripples ; they are usually nothing of the sort. True, they have faced a great ordeal which in the majority of cases has imbued them with a patience and courage which makes them particularly fascinating and attractive. The second point is the restoration of function by the fitting of a proper appliance. I think it is fundamental that any person who has lost a limb should, in suitable cases, be able at little or no cost to himself to procure a first-rate artificial limb. If they belong to one of the Services or have lost a limb through enemy action, adequate provision has been made. The Ministry of Pensions' limb-fitting departments are available for them. I have been fortunate enough to have been allowed to attend at the main centre at Queen Mary's Hospital, Roehampton, and at the limb-fitting centre attached, and have seen the magnificent work done

there. It is an experience I am unlikely to forget and for which I shall be everlastingly grateful, not only for what I learnt but for the pains and trouble the staff there took day after day to show me the work they were doing and how they did it. Not enough is known of this magnificent institution and the wonders that are performed there.

In the case of children, the Board of Education have recently given a general sanction for Education Authorities to arrange the necessary treatment and provision of artificial limbs, including transport to and from hospital or limb-fitting centres, and such expenditure will rank for grant.

Under a new arrangement, limbs are provided for civilians who have had recent amputations for causes not connected with war injuries, but on a contributory basis. These are valuable facilities, but I would like to see County Councils and County Borough Councils extending the provision of artificial limbs to anyone requiring them, whether new or old amputation cases, provided the patient requires a limb and it is considered by competent judges that they would benefit thereby. It is customary at Southampton to provide duplicate limbs, and this is obviously desirable. Limbs, however, are expensive items, and I have more than once come across patients who have been deterred on account of expense. Further, at the moment, the usual source of the necessary money is the Poor Law. Whether or not it is possible to provide artificial limbs otherwise than by way of Poor Relief in accordance with Section 5 of the Local Government Act, 1929, is a legal matter on which I am not competent to advise, but I suggest that if powers are available to this end, they should be used to the full through the Public Health Committee. Having gone as far as this, I reiterate that the provision should be largely free of charge. The cost of the provision and upkeep of limbs, or even duplicate limbs, to every person not otherwise provided for who requires a limb in this County would entail but a very small fraction of a penny rate.

Quite recently I read the following from the *Sunday Chronicle* :—
 " Most boys who have lost an arm or leg think life finished. They picture themselves as selling lead pencils on the street corner, with everybody sorry for them—including themselves.

They have no conception of what science plus determination can do to make them like any normal person.

The most skilful doctors in the world can't convince a boy who has lost a leg that he isn't a cripple for life, and the most adroit psychologists can't do much to restore his morale, but when I tell him he can walk without legs he believes me, because I can prove it.

There are hundreds like me all over the world, and they would be thrilled to help the boys who must be taught how to use new limbs."

This was written by a man who had lost both his legs, and what he says is only too true. I am fortunate in having amongst my friends and helpers amputees of both sexes who are willing to come along with me to new cases at the earliest possible moment and convince them much more successfully than I could that they are not "cripples." Of course, this stimulates a desire for an artificial limb, and I find it difficult to rest content till I am able to assure the new amputee that such a limb will be forthcoming as a right, as are many other County Services.

What I am asking for is a matter of so little expense as to be unnoticeable to the average County Council or County Borough Council, and so it is unthinkable that the advantages of a properly fitting prosthesis should not be freely available to anyone who requires them.

Perhaps I could not do better, in ending this section of the Report, than to quote from a letter I have in front of me, dated the 14th June, 1943, from the Ford Motor Co., U.S.A. Here are a few extracts :—

"About 10 per cent. of the men employed in the River Rouge Plant of the Ford Motor Co. are handicapped in some manner 687 are sightless, 80 have but one arm, 12 have had both arms amputated, 91 have had one leg cut off. Altogether 11,652 men in various stages of disability are receiving full pay. None of these is regarded, or has reason to regard himself, as receiving any favour. The Ford Motor Co. has it distinctly understood that this is neither charity nor altruistic humanitarianism. Each one of these workers is expected to give and does give full value for his wages. The engagement of handicapped people was not an outgrowth of war-time demand for man power."

As I said earlier, this is no matter of philanthropy or charity, neither did Mr. Henry Ford regard it so when he started the scheme some 20 years ago, but it is out of date in the face of these facts to go on talking of limbless people as "cripples." They may be handicapped—so are all of us who have reached mellowing middle age, and whilst we will have to admit that our incipient senility would put us out of the running for a place in an international Rugby team, we still firmly hold that we are capable of doing a lot of useful work. So it is with the limbless, and that is all there is to it.

PENMORE PAVILION.

On the outbreak of war in September, 1939, this Pavilion was closed, and owing to the impossibility of obtaining nursing staff it has not been re-opened.

WORK OF THE TUBERCULOSIS DISPENSARIES.

	1941.	1942.
NEW CASES REPORTED :—		
Pulmonary	410	427
Non-pulmonary	223	194
	633	621
DEFINITE CASES ON DISPENSARY REGIS- TERS ON JANUARY 1ST.	2,011	2,106
NEW CASES AND CONTACTS found to be definitely tuberculous :—		
Pulmonary	249	285
Non-pulmonary	94	99
NO. OF INWARD TRANSFERS AND LOST SIGHT OF CASES RETURNED	60	25
CASES WRITTEN OFF DISPENSARY REGIS- TERS :—		
Recovered :—		
Pulmonary	44	22
Non-pulmonary	42	28
Dead (all causes)	164	124
Removed to other area, etc.	58	70
DEFINITE CASES ON DISPENSARY REGIS- TERS ON 31ST DECEMBER	2,106	2,271
NO. OF ATTENDANCES	9,557	10,171

NOTIFICATION OF TUBERCULOSIS.

During the year under review 621 (427 pulmonary and 194 non-pulmonary) new cases were reported, 557 being primary notifications and 64 new cases coming to my knowledge otherwise than by notification. This gives a case rate per thousand on the estimated population of 0.98, which is the same rate as for 1941.

The average number of notifications for the five years ended 1940 was 560 per annum, so both 1941 (with 633 new cases) and 1942 (with 621 new cases) show an increase in the number of cases notified.

The increase appears to fall largely amongst the male pulmonary cases, age groups, 25 years and over.

DEATHS FROM TUBERCULOSIS.

The number of deaths occurring in the County during 1942 as recorded by the Registrar-General as attributable to tuberculosis was 259 (191 pulmonary and 68 non-pulmonary).

The death rates per 1,000 of the population are as follows :—

Pulmonary	...	...	...	...	.30
Non-pulmonary	...	...	...	...	.10
Total	...	...	...	...	.40

Despite the increase in the number of notifications, the number of deaths from pulmonary tuberculosis is the lowest on record. The Ministry of Health, in a Memorandum issued in April, 1943, when introducing a new scheme for the payment of allowances to tubercular persons, stated "Experience of the trend of the disease during the last war suggested that a fresh rise in the curve may yet be expected and that any complacency would be a mistake."

SHELTERS.

Open air shelters are still loaned to suitable persons recommended by the Tuberculosis Officers.

The old type of shelter in use for so many years has practically disappeared, and up to the commencement of the war was replaced as occasion demanded by shelters of a more modern design. It has not been possible to acquire any new shelters since the commencement of hostilities, but so far we have been able to meet the demands. The question, however, will have to be reviewed after the war, when facilities and material will be available for the manufacture of these shelters.

No. of shelters sold during the year...	...	...	...	3
No. in use at the end of the year	...	...	...	34
No. in store at the end of the year	...	...	...	9
Sets of bed and bedding supplied	...	...	...	6
Shelters available but not in use	...	...	...	9
Shelters available for use at Institution	...	...	...	10
Shelters damaged beyond repair	...	...	...	1

EXTRA NOURISHMENT.

During the year 369 patients were granted extra nourishment on the recommendation of the Tuberculosis Officer. This is a decrease of 51 as compared with the previous year.

NURSING OF BED-RIDDEN CASES.

During the year nine cases were visited by the district nurses, a total of 529 visits being made by them.

BLIND PERSONS ACTS, 1920 AND 1938.

At the end of 1942 there were 1,113 blind persons on the Register ; of these 566 were males and 547 females. The total cost of County Relief granted in the form of domiciliary assistance for the financial year ended 31st March, 1943, was £32,355, and on that date there were 723 blind persons receiving relief.

Below is a table showing the number of registered blind persons, arranged in age groups and giving the position each year over a period of years.

It will be seen that the total number of persons registered under the Blind Persons Acts has been increasing, but there is a gradual diminution of blindness in the age groups 0—5 and 5—16, whilst there is a tendency for the number of patients between 50 and 70 and 70 and over to increase, particularly in the latter group. Patients between the ages of 21 to 50 remain substantially the same each year.

With the passage of years, ascertainment of blindness is probably better than formerly, and this must be borne in mind when interpreting the figures.

The diminution of blindness in the earlier years of life is probably due to increased efficacy of treatment for conditions such as ophthalmia neonatorum, whereas the increased number of persons in the older age groups may be due to a larger number of persons living to an age when diseases develop due to advancing years resulting in blindness.

Year.	Age Period 0—5.	Age Period 5—16.	Age Period 16—21.	Age Period 21—40.	Age Period 40—50.	Age Period 50—70.	Age Period 70—.	Total.
March 31st, 1929	6	38	11	88	83	233	166	625
1932	3	30	17	98	99	290	233	770
1936	1	22	17	91	96	396	371	994
1938	2	18	22	95	96	442	388	1063
1939	3	13	25	104	104	458	368	1,075
1940	3	14	25	104	95	468	369	1,078
1941	1	10	31	97	102	441	451	1,133
Dec. 31st, 1942	1	14			1,098			1,113

HOME HELPS.

In November, 1942, the Ministry of Health issued a Circular on this subject (No. 2,729) suggesting there was scope in the development of the Home Help Service, and also suggesting that Home Helps were likely to be found amongst immobile women between the ages of 40 and 60. The Ministry of Labour agreed that work as Home Helps under the Maternity and Child Welfare Scheme should be regarded as work of national importance, and suitable for women over 40 years of age.

The Circular also suggests there were two types of women suitable for these appointments :—

- 1.—Full-time salaried officers.
- 2.—Full-time casual workers, *i.e.*, they would work full time if they were working at all, but between cases they would be unemployed as far as the Home Help Scheme was concerned.

It is quite obvious full-time salaried workers could not be employed in the County area; there would not be enough work to keep them anything like fully occupied within an area which they could cover, and it never appeared likely to me that there would be a supply of women who at short notice could drop everything they were doing and proceed to a full-time job for 14 days. It implied they had no commitments such as houses, husbands or children, an unlikely state of affairs for women of over 40 years of age.

There was another type of woman not envisaged in the Circular, which appeared to me to be the type we should seek for the purpose of Home Helps, namely somebody who would be prepared to do three, four or more hours a day as part-time casual workers. This turned out to be the type of Home Help which was available to a limited extent.

In endeavouring to commence a scheme, we circularised the Labour Exchanges, Health Visitors, Midwives, the W.V.S. and other women's voluntary organisations, and as a result formed a roll of Home Helps to the number of 27, which, of course, is not enough adequately to cover a County in a uniform manner, and there are still large areas with no Home Helps available.

Up to the time of writing this Report we have booked Home Helps for 23 cases, and 11 of these have already been provided. A register of Home Helps is kept in the Central Office, and mothers requiring help for the lying-in period should make application to the Medical Department of the Central Office, or to the Health Visitor of her area.

Payment for the services of Home Helps is, at the present time, 1s. 0d. per hour, and the patients are expected to contribute the whole or part of the cost, according to their financial circumstances,

TABLE V.
**SUMMARY OF WORK DONE BY HEALTH VISITORS
 DURING 1942.**

1. MATERNITY AND CHILD WELFARE.

(a) Ante-Natal Clinics :—

Number of Sessions	822
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Attendances :—

Ante-Natal	14,531
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Post-Natal	249
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				14,780
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Auxiliary Treatment Centres :—

Number of Sessions	33
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Attendances :—

Ante-Natal	188
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Post-Natal	11
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				199
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Visits to Homes :—

Expectant mothers		
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First Visits	1,410
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Subsequent Visits	938
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				2,348
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(b) Infants :—

First visits	7,436
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Other visits (under 1 year)	19,274
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Visits to children (1—5 years)	53,515
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				80,225
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(c) Infant Welfare Centres :—

Number of Sessions	2,618
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Attendances :—

Expectant mothers...	245
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Infants under 1 year	50,711
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Children over 1 year	26,364
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				77,320
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(d) Child Life Protection visits

		332
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(e) Boarded-out visits

	666
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(f) Mothercraft—Number of Classes

		45
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(g) Visits *re* Immunisation (Nov. and Dec.)

	12,500
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2. TUBERCULOSIS DISPENSARIES.

Number of Sessions attended	1,006
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Number of visits to Homes	4,937
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3. Miscellaneous visits... .. 2,223

4. SCHOOL NURSING SERVICE.

In addition to the work set out in the above table every Health Visitor in this County is also a School Nurse and has continued to assist at School Medical Inspections at both elementary and secondary schools.

In addition to carrying out examinations and re-examinations of children in schools for verminous conditions, the School Nurses visited schools and homes to follow up cases under the scheme instituted in 1930 and attended at schools for such purposes as weighing and measuring children.

TABLE VI

Cases of Notifiable Diseases notified during 1942
as reported by the Local Medical Officers of Health.

Urban Districts	Tuberculosis		Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Pyrexia	Cerebro-spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other									
Alfreton ..	13	3	..	24	11	..	3	..	2	..	..
Ashbourne ..	1	1	..	5	..	..	2	..	3	..	..
Bakewell ..	3	..	..	21	1	..	..	3	5	..	..
Belper ..	13	6	..	83	3	..	..	..	5	..	..
Bolsover ..	7	..	..	50	2	..	..	1	6	..	..
Buxton (Boro') ..	9	8	..	24	14	..	2	3	..	2	..
Chesterfield (Boro') ..	50	10	..	115	18	1	18	5	22	..	1
Clay Cross ..	3	2	..	12	14	..	..	2	2	..	..
Dronfield ..	3	1	..	45	7	1	1	..	4	..	..
Glossop (Boro') ..	14	8	..	7	12	..	1	1	1	2	..
Heanor ..	14	8	..	49	6	..	3	1	19	2	..
Ilkeston (Boro') ..	19	5	..	27	13	..	2	8	11	..	..
Long Eaton ..	19	9	..	33	30	..	5	3	6	..	..
Matlock ..	14	6	..	37	3	..	18	3	..	..	..
New Mills ..	6	5	..	10	3	..	1	..	..	..	..
Ripley ..	5	4	..	27	17	..	1	2	6	4	..
Staveley ..	11	1	..	58	8	..	1	2	5	..	..
Swadlincote ..	7	5	..	72	4	..	2	6	6	2	..
Whaley Bridge ..	2	1	..	12	1	..	..	..	..	1	..
Wirksworth ..	3	2	..	3	1	..	..	..	1	..	..
<i>Urban Districts</i>	216	85	..	714	168	2	60	40	104	13	1

Rural Districts.	Tuberculosis		Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Pyrex.	Cerebro-spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary	Other.									
Ashbourne ..	8	13	..	7	5	..	1	2	2	..	..
Bakewell ..	11	10	..	76	8	..	1	1	8	..	..
Belper ..	16	8	..	31	2	2	2	..	9	..	..
Blackwell ..	35	17	..	100	16	..	5	5	12	1	..
Chapel-en-le-Frith ..	11	9	..	33	5	..	1	2	2	1	1
Chesterfield ..	52	21	..	232	82	1	11	18	29	8	..
Clowne ..	9	6	..	28	10	..	..	2	10	1	..
Repton ..	12	6	..	57	5	..	1	3	3	1	..
Shardlow ..	50	15	..	169	31	..	1	5	13	4	..
<i>Rural Districts</i> ..	204	105	..	733	164	3	23	38	88	16	1
<i>Urban Districts</i> ..	216	85	..	714	168	2	60	40	104	13	1
<i>Whole County</i> ..	420	190	..	1447	332	5	83	78	192	29	2

